

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

July 25, 2024

[REDACTED]
MS LOWER MAKEFIELD SH LLC

[REDACTED]
ATTN LICENSING
[REDACTED]

RE: SUNRISE SENIOR LIVING OF LOWER
MAKEFIELD
631 STONY HILL ROAD
YARDLEY, PA, 19067
LICENSE/COC#: 13809

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/02/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE SENIOR LIVING OF LOWER MAKEFIELD* License #: *13809* License Expiration: *08/13/2024*
 Address: *631 STONY HILL ROAD, YARDLEY, PA 19067*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *MS LOWER MAKEFIELD SH LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *07/16/2008* Issued By: *Lower Makefield Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *89* Waking Staff: *67*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *05/02/2024*

Inspection Dates and Department Representative

05/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *95* Residents Served: *55*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *29* Residents Served: *14*
 Hospice
 Current Residents: *11*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *34* Have Physical Disability: *0*

Inspections / Reviews

05/02/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/24/2024*

05/28/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/02/2024*

Inspections / Reviews (*continued*)

06/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/13/2024

06/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/02/2024

07/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] assessment and support plan, dated 2/22/2024, indicates the resident requires total assistance with bowel and bladder management and identifies the direct care staff as the responsible party for bladder management. The home's call bell log indicates that resident [REDACTED] activated their call bell and received no response within 27 minutes on the following occasions:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

The resident reported in an interview that the reason for using the call bell on these occasions was for bowel and bladder management.

Plan of Correction

Accept [REDACTED] (12/2024)

On 5/30/24, ED educated PCC on importance on responding to call bells in a timely manner to make sure each resident is provided assistance with ADL's as indicated in the resident assessment and support plan.

Starting on 5/30/24, PCC along with ED will review call bell reports weekly and as needed to ensure all residents are receiving assistance with ADL's as indicated in the resident assessment and support plan.

ED will conduct weekly audit and review prior week schedules for the next 4 weeks to ensure the calls are being responded to in a timely manner. PCC will review documentation of ADL assistance to ensure residents receive the support indicated in the care plan (rasp).

On 6/06/24 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented [REDACTED] 07/25/2024)

57c - 2 Hours/Day

2. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [REDACTED] there were [REDACTED] residents in standard personal care, including [REDACTED] residents with mobility needs, requiring a total minimum of 59 hours of direct care service. On this date, only 46

57c - 2 Hours/Day (continued)

hours of direct care were staffed in personal care.

On [REDACTED], there were [REDACTED] residents in standard personal care, including [REDACTED] residents with mobility needs, requiring a total minimum of 60 hours of direct care service. On this date, the standard personal care unit received only 56.5 hours of direct care..

On [REDACTED], there were [REDACTED] residents in standard personal care, including [REDACTED] residents with mobility needs, requiring a total minimum of 60 hours of direct care service. On this date, only 57.8 hours of direct care were worked in personal care.

Plan of Correction

Accept [REDACTED] - 06/12/2024)

Effective immediately, ED / PCC will complete schedule two weeks in advance to ensure we have 2 hours a day of personal care services to those residents with mobility needs.

In addition, PCC will review schedule daily to ensure direct care staff is available to provide at least 2 hours a day of personal care services to those residents with mobility needs.

ED will conduct an audit and review prior week schedules for the next four weeks to ensure direct care staff was available to provide at least 2 hours of personal care services. This will measure effectiveness to ensure that personal care residents with mobility needs have been met.

On 6/06/24 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented [REDACTED] 07/25/2024)

57d - Waking Hours**3. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED] a total of 59 hours of direct care was required. However, only 31 of the required hours, or 52 percent, were provided during waking hours.

On [REDACTED], a total of 60 hours of direct care was required. However, only 41.5 of the required hours, or 69 percent, were provided during waking hours.

On [REDACTED], a total of 60 hours of direct care was required. However, only 43 of the required hours, or 72 percent, were provided during waking hours.

57d - Waking Hours (continued)

Plan of Correction

Accept [redacted] 06/12/2024)

Effective immediately, ED / PCC will complete schedule two weeks in advance to ensure that 75% of personal care service hours will be available during waking hours.

In addition, PCC will review schedule daily to ensure that 75% of personal care service hours will be available during waking hours.

ED will conduct an audit and review prior week schedules for the next four weeks. This will ensure direct care staff was available to provide at least 75% of personal care services hours will be available during waking hours. This will measure effectiveness to ensure that staffing schedule has met the required waking hours.

On 6/06/24 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented [redacted] 07/25/2024)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] Documentation of Medical Evaluation (DME), dated 11/22/2023, does not indicate the resident's cognitive functioning.

Plan of Correction

Accept [redacted] - 06/12/2024)

On 5-30-24 ED educated RCD on making sure all required information is completed on DME.

ED will conduct an audit for the next four weeks to make sure RCD’s training for DME compliance is being followed. This will measure effectiveness to indicate that all resident sections of DME are being filled out.

On 6/06/24 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented [redacted] - 07/24/2024)